FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 828928 (2)

1. Corporation Name

FARMLAND LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1963 BELL AVENUE DEA MOINES IA 50315	1963 BELL AVENUE DEA MOINES IA 50315

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1972

3a. Date of Last Report: 03/04/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 42-0863880 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23: Des Moines, IA

City & State — 28: Des Moines, IA

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24

Country — 25

Zip — 29

Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, DENNIS F	1.2 NAME	See Attached
STREET ADDRESS	2329 GLENWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESMOINES, IA 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, ROBERT L	2.2 NAME	
STREET ADDRESS	88740 FAIRVIEW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JEWETT OH	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	DOWNING, HARRY F.	3.2 NAME	
STREET ADDRESS	1 35TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WEHRBEIN, THEODORE J	4.2 NAME	
STREET ADDRESS	5014 HWY 66	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLATTSMOUTH NE	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	COWAN, JON J.	5.2 NAME	
STREET ADDRESS	4013 79TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	URBANDALE IA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, ROGER L.	6.2 NAME	
STREET ADDRESS	812 PRARIE VIEW	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. DES MOINES IA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael D. Miller michael D. miller 02/21/95 (515) 245-8828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460067 FN